



The Centers for Medicare and Medicaid Services:  
SUPPORT Act Section 1003 Grant

# **SUPPORT ACT GRANT MONTHLY STAKEHOLDER MEETING JANUARY 11, 2021**

*Department of Medical Assistance Services*

*The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,836,765 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.*

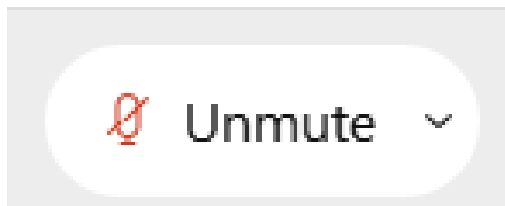
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- If you have any questions about this service please send an email to [CivilRightsCoordinator@DMAS.Virginia.Gov](mailto:CivilRightsCoordinator@DMAS.Virginia.Gov)

# Welcome and Meeting Information

- We have an 'open' meeting format to allow participation and questions
- Please make sure your line is muted if you are not speaking
  - We will mute all lines if there is a lot of background noise
- If you are having issues with audio, please type questions or comments in the chat box.

# How to Mute and Unmute in WebEx



When the microphone icon looks like this, you are **muted**



When the microphone icon looks like this, you are **unmuted**

Everyone is muted at the beginning of the webinar – when you are ready to ask a question, please click the red microphone button to unmute. When you are finished, please click it again to mute your line.

# Agenda

Item	Time
Welcome and Overview	10:00 - 10:10
SUPPORT Act Grant Updates	10:10 - 10:20
VA-SBIRT: Working to Change the Trajectory of Substance Use and Depression in Virginia	10:20 – 10:45
Addiction and Recovery Treatment Services (ARTS): Access, Utilization, and Quality of Care 2016-2019	10:45 – 11:30
Q&A and Next Steps	11:30 - 11:45

# Overview of SUPPORT Grant Initiatives

**Notice of Award:** September 18, 2019

**Period of Performance:** September 30, 2019 to September 29, 2021 (18 months + 6 month no cost extension)

**Approved Budget:** \$4.8 million  
**Components**

1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity

# SUPPORT Act Grant Overview

## Virginia Medicaid's SUPPORT Act Grant Goals:

- Learn from Addiction and Recovery Treatment Services (ARTS) program
  - Appreciate successes
  - Learn from challenges
- Decrease barriers to enter workforce
- Focus on specific subpopulations
  - Justice-involved
  - Pregnant and parenting members
- Maintain our core values
  - Person-centered, strengths-based, recovery-oriented

# Grant Team

- Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
- Ashley Harrell, LCSW, Project Director & ARTS Senior Program Advisor
- Jason Lowe, MSW, CPHQ, Grant Manager
- Christine Bethune, MSW, Grant Coordinator
- Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
- John Palmieri, Data Analyst
- Tiarra Ross, Budget Analyst
- Trenece Wilson, Policy and Planning Specialist
- Adam Creveling, MSW, CPRS, Grant Program Specialist



# **SUPPORT ACT GRANT UPDATES**

## **JANUARY 2021**

# SUPPORT Act Grant Updates: January

## Projects Update

- Medication Assisted Treatment/Peer Recovery Services in EDs pilot – Virginia Hospital and Healthcare Association Foundation
  - The Settlement Agreement has been executed and the contract has been terminated.
  - Next Steps:
    - Continue reallocation plan/Contract Procurement
      - Subawards
      - Emergency Department Virtual Bridge Clinic Models
      - ASAM Waiver Trainings

# SUPPORT Act Grant Updates: January

## Projects in Development

- Subawards
  - Seven applications were selected
  - Notice of Award was posted in December
  - All contracts have been signed
  - January Subaward Kick-Off Meeting

# SUPPORT Act Grant Updates: January

## Projects Underway

- Needs assessment: VCU Department of Health Behavior and Policy
  - Continuum of care needs assessment
  - ARTS member surveys and interviews
  - Buprenorphine-waivered prescriber analysis and survey
- Brightspot assessment: VCU Wright Center
  - Training pre/post-test implemented – take part for your chance to win an Amazon gift card!
  - Project ECHO opportunities
  - Data visualization - HealthLandscape in development
  - Brightspot Analysis
    - Dr. Britz and Dr. Krist will be presenting on this in the February Stakeholder Meeting.

# SUPPORT Act Grant Updates: January

## Projects Underway

- Policy Landscape Analysis – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
  - Manatt Health and State Health Partners continue to meet with workgroups and interview stakeholders to inform policy landscape
  - Upcoming workgroup schedule:
    - January – Benefits and Cost Sharing
    - February – MCO Contracting Strategies
    - March – Data, Privacy, and Confidentiality Issues

# SUPPORT Act Grant Updates: January

## Projects Underway

- SUMS Project – **S**ubstance **U**se Disorder, **M**edicaid, and the Criminal Justice **S**ystem
  - Contract lead: Health Management Associates (HMA)
  - HMA is currently working on literature review and environmental scan as well as developing a timeline for the demonstration
  - Grant team and HMA are working with DOC and related partners on demonstration site selections – two DOC facilities and two local/regional jails.
    - Site selection is underway

# SUPPORT Act Grant Updates: January

## Winter Webinars:

Full webinar Schedule:

<https://www.dmas.virginia.gov/#/artssupport>

Under the “Information”  
banner

Monday, January 11, 2021	1:00 PM - 2:00 PM	<b>Trauma-Informed Care</b>
Tuesday, January 12, 2021	10:00 AM - 11:00 AM	<b>SUD Treatment Basics</b>
Tuesday, January 19, 2021	10:00 AM - 11:00 AM	<b>Co-Occurring Disorders</b>
Tuesday, January 19, 2021	1:00 PM - 2:00 PM	<b>Screening &amp; Assessment for SUD</b>
Monday, January 25, 2021	1:00 PM - 2:00 PM	<b>Co-Occurring Disorders</b>
Tuesday, January 26, 2021	10:00 AM - 11:00 AM	<b>SUD Treatment Basics</b>

# SUPPORT Act Grant Updates: January

## Upcoming Special Projects

- Buprenorphine Providers Workgroup
  - Kickoff in early 2021
  - Looking for volunteers
  - Interested in front-line perspective
  - Goal is to identify opportunities to increase provider capacity
- Peer Recovery Services Symposium
  - Implementing PRS
  - Overcoming obstacles
  - Your input is appreciated! Please email the Grant inbox – [SUPPORTgrant@dmas.virginia.gov](mailto:SUPPORTgrant@dmas.virginia.gov)



# SUPPORT Act Grant Updates: January

## Upcoming Special Training Opportunity

SUPPORT Act Grant is excited to be working with Carilion Health to offer a free Buprenorphine Waiver Training on February 12, 2021.

More information about this training is coming soon, please email [SUPPORTgrant@dmas.virginia.gov](mailto:SUPPORTgrant@dmas.virginia.gov) to be added to the mailing list to receive updates about this event.



# Working to Change the Trajectory of Substance Use and Depression in Virginia

**Patty Ferssizidis, PhD**

VA-SBIRT Project Director

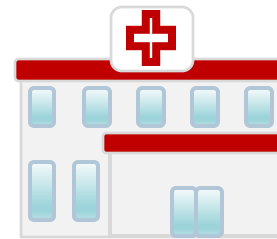
Assistant Director, A Division for Advancing Treatment and  
Prevention (ADAPT), Center for Drug Policy & Prevention

# Prevalence of Substance Use

*Healthcare professionals will encounter patients who use alcohol, tobacco, and other drugs in a variety of settings.*



**23.4% of patients in  
primary care are misusing  
alcohol or drugs**



**39.9% of patients in  
emergency departments  
(EDs) are misusing alcohol or  
drugs**



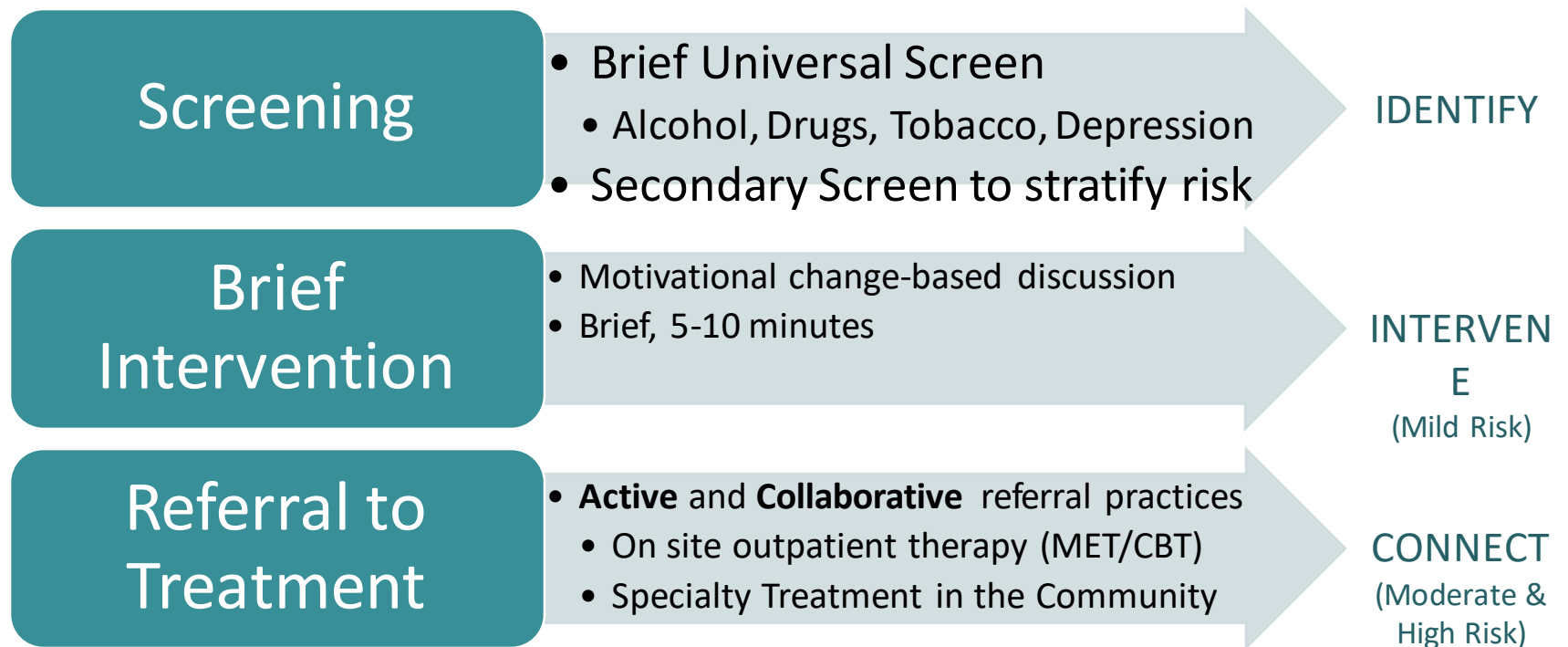
**Only one in ten people in need of SUD treatment services receive them.**

**Substance Use Is**

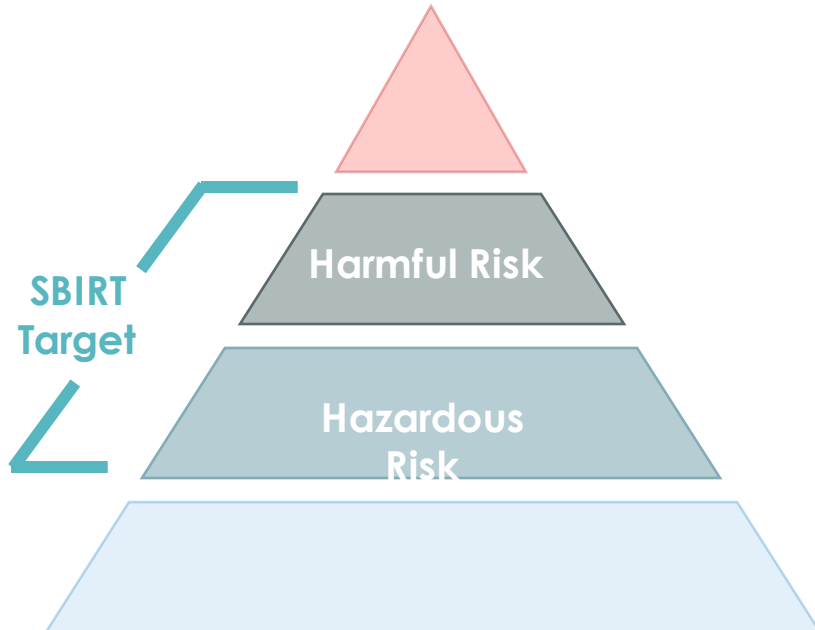


**A Public Health Problem**

# The SBIRT Model



# The Aim of SBIRT



*SBIRT aims to identify patients whose substance use puts them at hazardous or harmful risk levels, even if diagnostic criteria of an SUD is not met.*

# Evidence Base



*~ 70% decrease in harmful alcohol and drug use.*



*~ 48% decrease in injuries requiring hospitalization over the span of 3 years.*



*Multiple studies have shown that investing in SBIRT can result in healthcare cost savings from \$3.81 - \$5.60 for each \$1.00 spent.*



*Studies have shown savings in downstream healthcare cost between \$531 - \$1,150 per person when SBIRT is applied in emergency departments.*

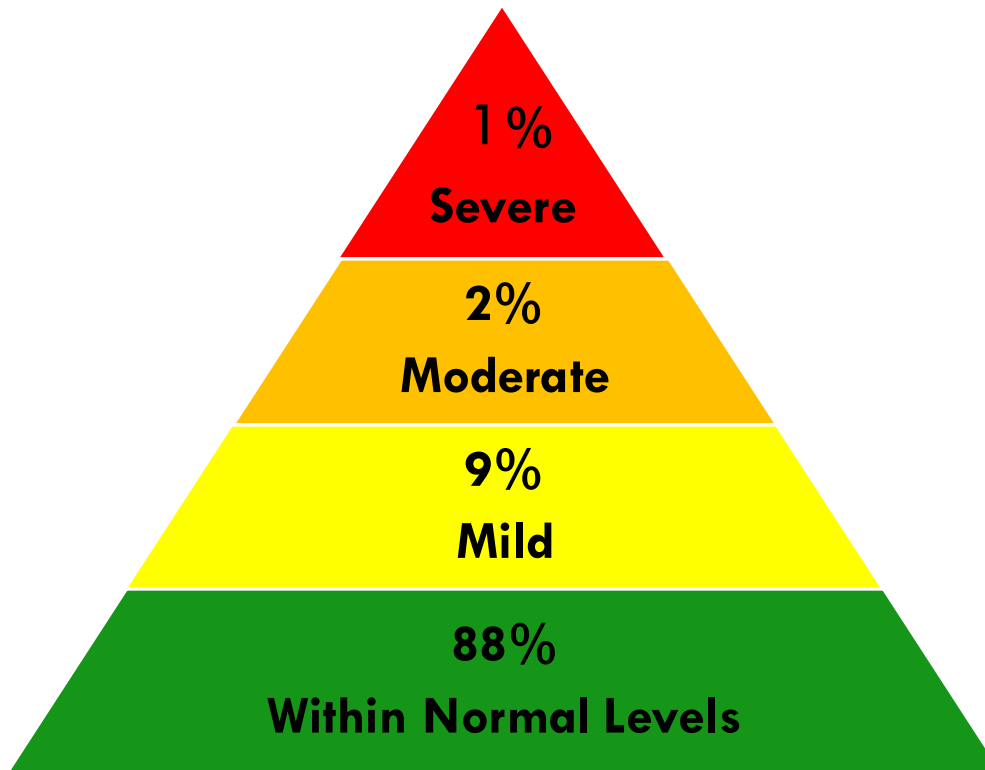
## **VIRGINIA SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT PROJECT**

- \$8.3 million SAMHSA grant awarded to DBHDS
- Implemented by GMU & ADAPT
- 10 practice sites
  - EDs
  - Free Clinics
  - FQHCs
  - University Student Health Clinic
  - Health Departments
  - Family Practice
  - Urgent Care





# SUBSTANCE RISK IN VIRGINIA



Based on Screening of 71,716 Virginians in Shenandoah Valley & Northern Virginia over a period of three years.

Substance Use Risk by Site Type					
	Emergency Dept	Primary Care Practice	Clinic for Uninsured	Student Health Service	Health Dept – STI Clinic
High risk	1%	1%	2%	0.2%	2%
Moderate risk	2%	1%	2%	3%	8%
Mild risk	7%	7%	13%	13.8%	31%
No/Low risk	90%	90%	83%	83%	59%

# RISK PREVALENCE ACROSS DEMOGRAPHICS

## Age

- Younger adults (18-24) were at greatest risk for substance use and depression, mostly in the lower risk ranges
- Middle-aged adults (34-65) displayed the highest levels of risk, primarily for alcohol use

## Gender

- Male - higher substance use risk
- Transgender/nonbinary – the greatest risk across substance use and depression

## Ethno-racial Status

- American Indian/Alaskan Native/Hawaiian – highest risk across substance use and depression
- Black/African American – higher levels of illicit drug risk
- Hispanic/Latino & Asian – higher rates of depression

When people screen positive for past year drug use, what drugs are they using?					
	Emergency Dept	Primary Care Practice	Health Dept - STI	Clinic for Uninsured	Student Health Service
Marijuana	84%	86%	88%	80%	89%
Prescription Misuse	14%	20%	26%	25%	12%
Other Illegal Drug Use	22%	13%	21%	12%	7%

## SBIRT Outcomes

66,136

screens completed during active provider hours for  
alcohol and/or drug use, depression and tobacco\*

Substance  
use

4,013  
interventions



1 of every 2  
people at risk  
received an  
intervention

Depression

1,424  
interventions



1 of every 2  
people at risk  
received an  
intervention\*\*

Tobacco

3,588  
interventions

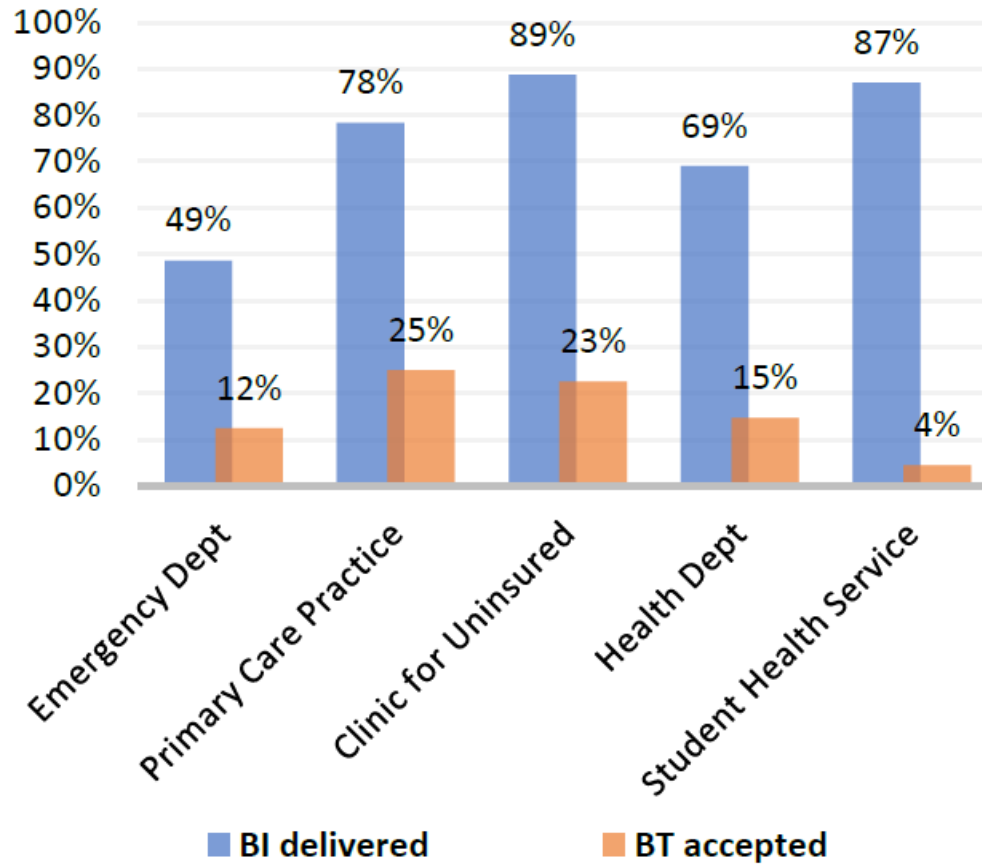


1 of every 4  
people at risk  
received an  
intervention

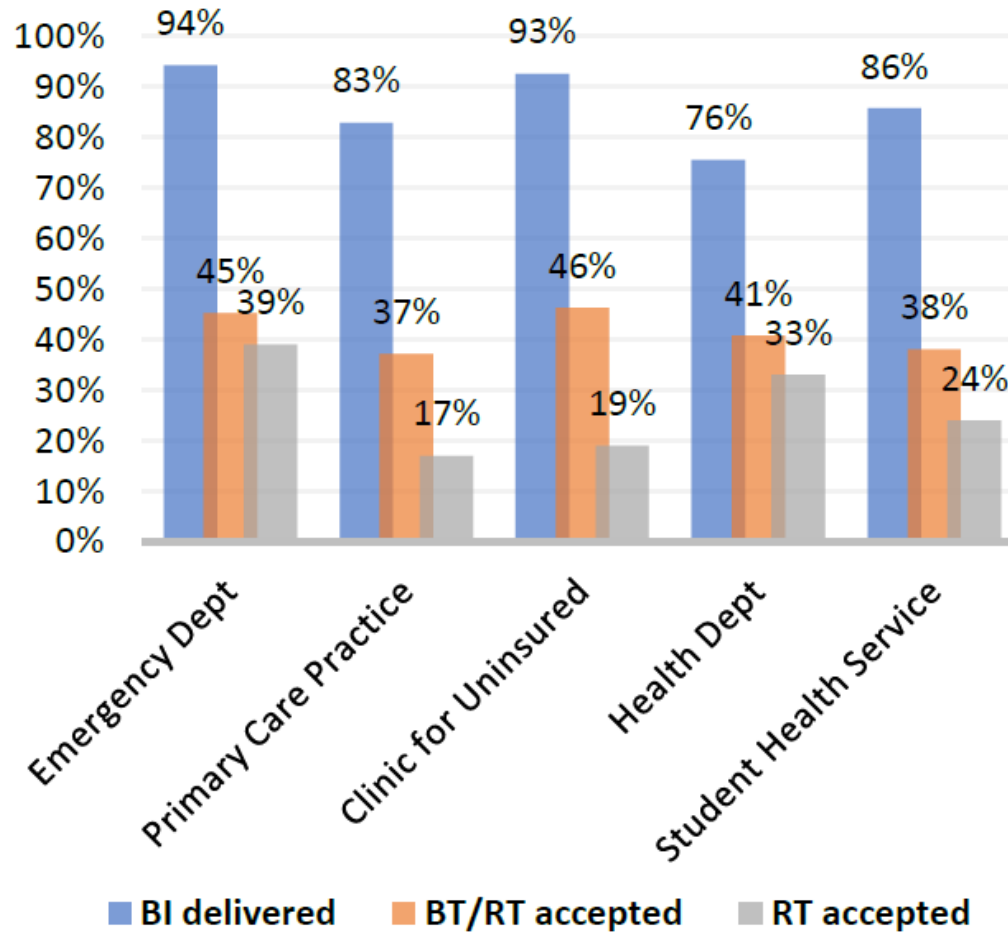
# TREATMENT ENGAGEMENT

National Survey on Drug Use & Health – **10.6%** who needed treatment actually received it.

## BI vs BT acceptance rate among moderate risk patients



## BI vs RT acceptance rate among severe risk patients





## 6 MONTHS LATER...



**One of every 2 (52%) individuals who received an intervention for risky alcohol use**

**were either within recommended drinking limits 6 month later (36%) or had decreased their level of risk (17%).**



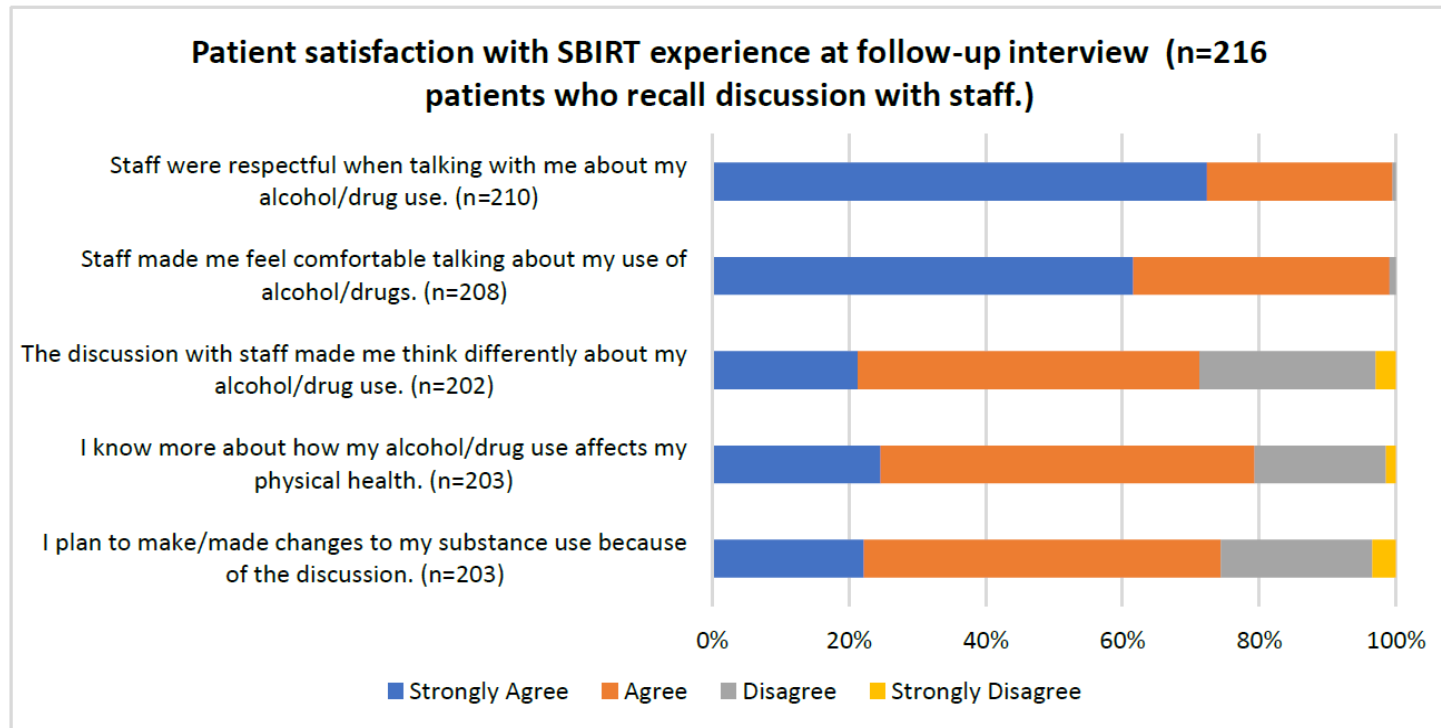
**Two of every 5 (43%) individuals who received an intervention for risky drug use were abstinent 6 months later.**

## 6 MONTHS LATER...



**Three of every 5 (59%) individuals who received an intervention for depression were either at no risk (38%) or had decreased their level of risk (21%).**

# 6 MONTHS LATER...



"When you are sitting with someone and looking eye to eye it was like therapy....She told me the effects on my health and other things that could go wrong. She asked how I could have fun other ways without alcohol and gave me some examples. I pay more attention and know my limits and where to draw the line and stop."

"The clinician recommended a 28-day program. It was necessary or I would not be here."

# How We Implement and Spread SBIRT with Fidelity

- **Standardized evidence-based training exists for all healthcare providers (i.e., physicians, nurses, medical assistants, recovery support staff);**
- **Proven implementation process exists that will permit SBIRT application in any setting;**
- **Adaptable clinical protocols exist to permit linkage with substance use disorder treatment in a variety of ways.**

Changing lives one screen at a time...



THANK YOU ON  
BEHALF OF THE  
VA-SBIRT TEAM

Ervina Baskerville-Allen, PI

[ervina.baskerville-allen@dbhds.virginia.gov](mailto:ervina.baskerville-allen@dbhds.virginia.gov)

Patty Ferssizidis, PD

[pferssizidis@wb.hidta.org](mailto:pferssizidis@wb.hidta.org)





# Findings From the ARTS Evaluation Report, 2016-19

January, 2021

Peter Cunningham, Ph.D.  
Dept. Health Behavior and Policy  
VCU School of Medicine



# VCU



# ARTS and Medicaid expansion in Virginia

- Virginia received approval from CMS in December, 2016 for the Addiction and Recovery Treatment Services (ARTS) benefit, as part of a Section 1115 Demonstration Waiver
  - Extension through 2024 approved in December 2019.
- Implemented in April, 2017, ARTS expanded coverage of treatment services for substance use disorders (SUD) for Medicaid members.
- On January 1, 2019, Virginia expanded Medicaid eligibility for all people up to 138% of the federal poverty level. More than 500,000 enrolled as of January 1, 2021.

# VCU Evaluation

- CMS waiver requires independent evaluation of ARTS (began in July, 2017)
- Goals of evaluation
  - Assess impact on access to and utilization of SUD treatment services
  - Assess impact on quality of treatment services
  - Assess impact on overdose deaths
- (Under waiver extension) Assess cumulative impact of ARTS and Medicaid expansion on Virginia population
- VCU conducting separate evaluation of Medicaid expansion

# Evaluation Methods and Data Sources

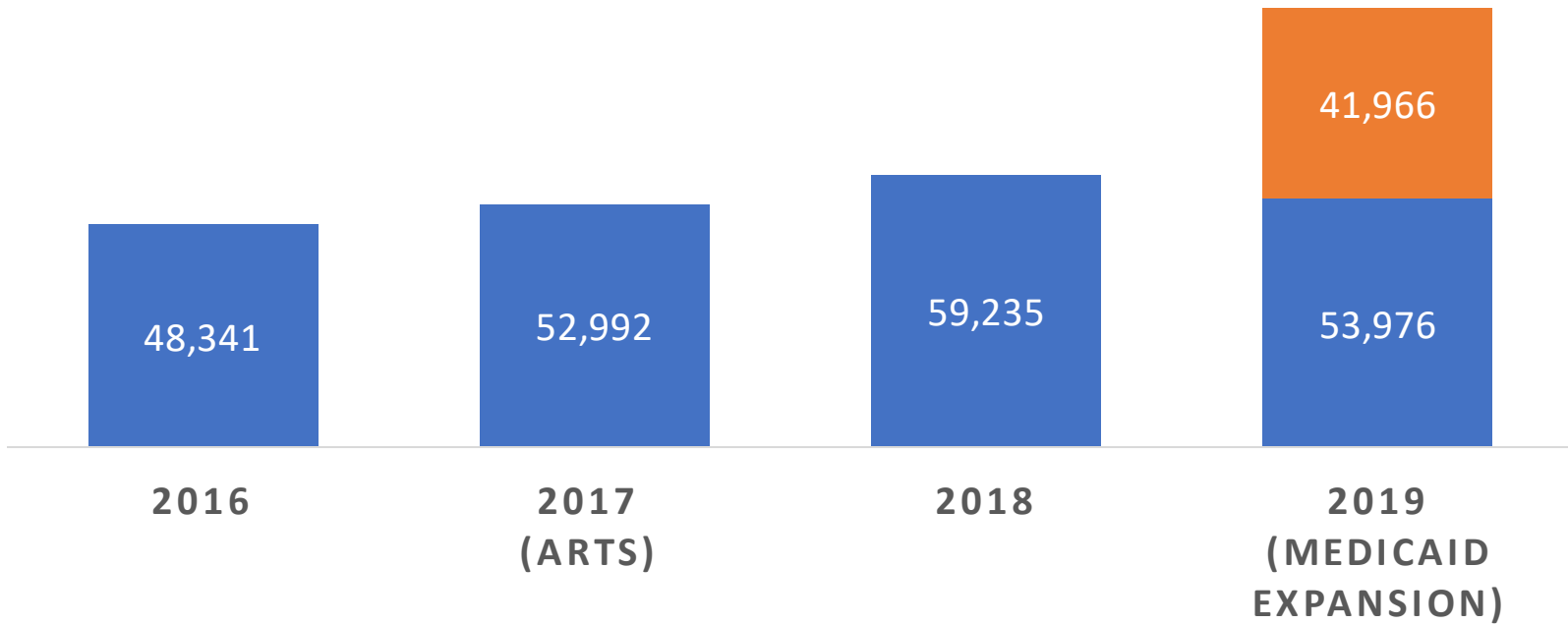
- Analysis of Medicaid claims
- Medicaid Outcomes Distributed Research Network (MODRN)
- ARTS patient experience survey
- Other secondary data sources

# Diagnosed Prevalence of SUD and OUD

# PREVALENCE OF SUBSTANCE USE DISORDER

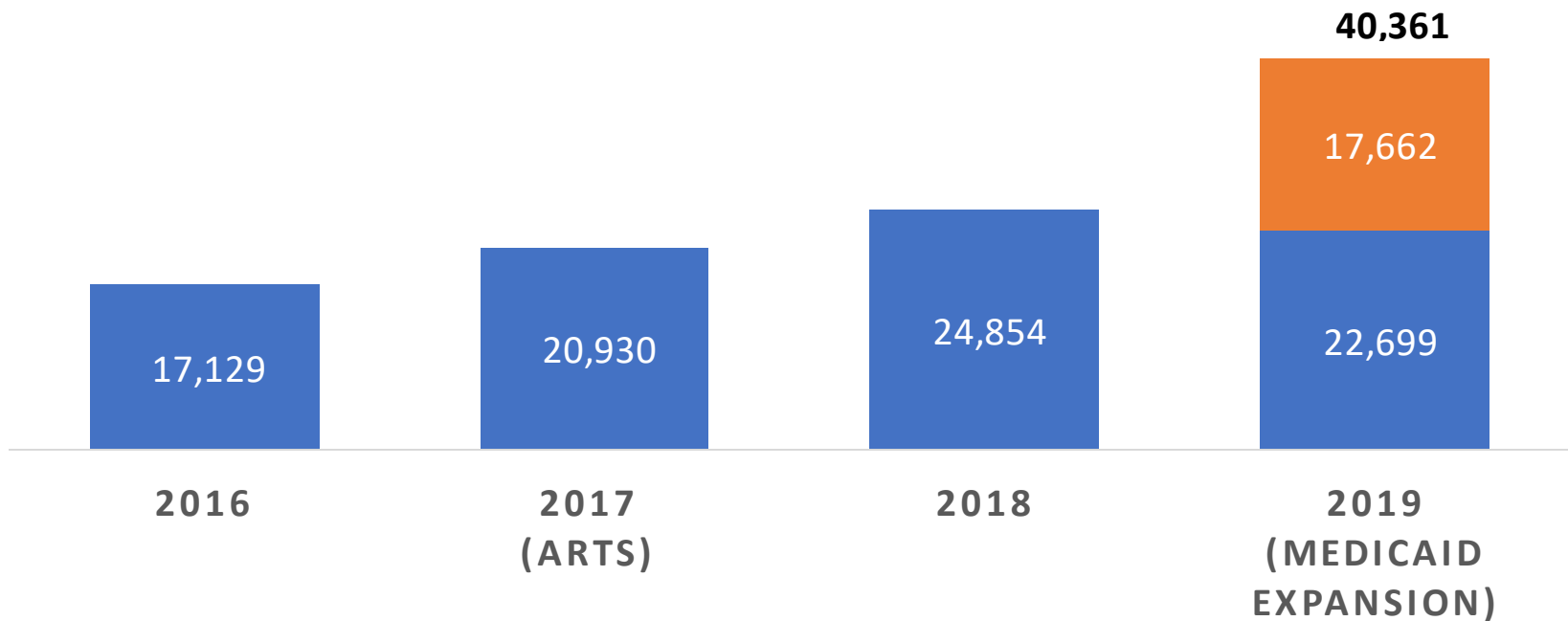
■ Medicaid Expansion Members with a SUD Diagnosis

■ Non-Expansion Medicaid Members with a SUD diagnosis **95,942**



# PREVALENCE OF OPIOID USE DISORDER

- Medicaid Expansion Members with an OUD Diagnosis
- Non-Expansion Medicaid Members with an OUD diagnosis



# Prevalence of diagnosed substance use disorders for adult Medicaid members, by eligibility group, 2019

	Number of members	Percent with substance use disorder	Percent with opioid use disorder
Medicaid expansion	463,687	9.0%	3.8%
Nondisabled adults	426,643	6.5%	3.2%
Disabled adults	139,525	16.3%	6.3%
Governor's Access Plan (GAP)	18,713	39.9%	23.9%
Former Foster Care Youth	4,221	4.9%	0.6%

# Characteristics of Medicaid members ages 19-64 with substance use disorders, 2019

	Members with SUD enrolled through Medicaid expansion	Other Medicaid members with SUD
Gender		
Female	42.8%	58.7%
Male	57.2%	41.3%
Race/Ethnicity		
White	64.6%	63.0%
Black	29.3%	35.0%
Hispanic and other race	6.1%	2.0%
Age		
19-25	12.5%	9.2%
26-34	27.9%	23.6%
35-54	44.9%	42.1%
55-64	14.6%	25.1%
Comorbidity		
No comorbidity	15.3%	9.1%
Mental health comorbidity	39.0%	53.6%
Other comorbidity	45.7%	37.2%

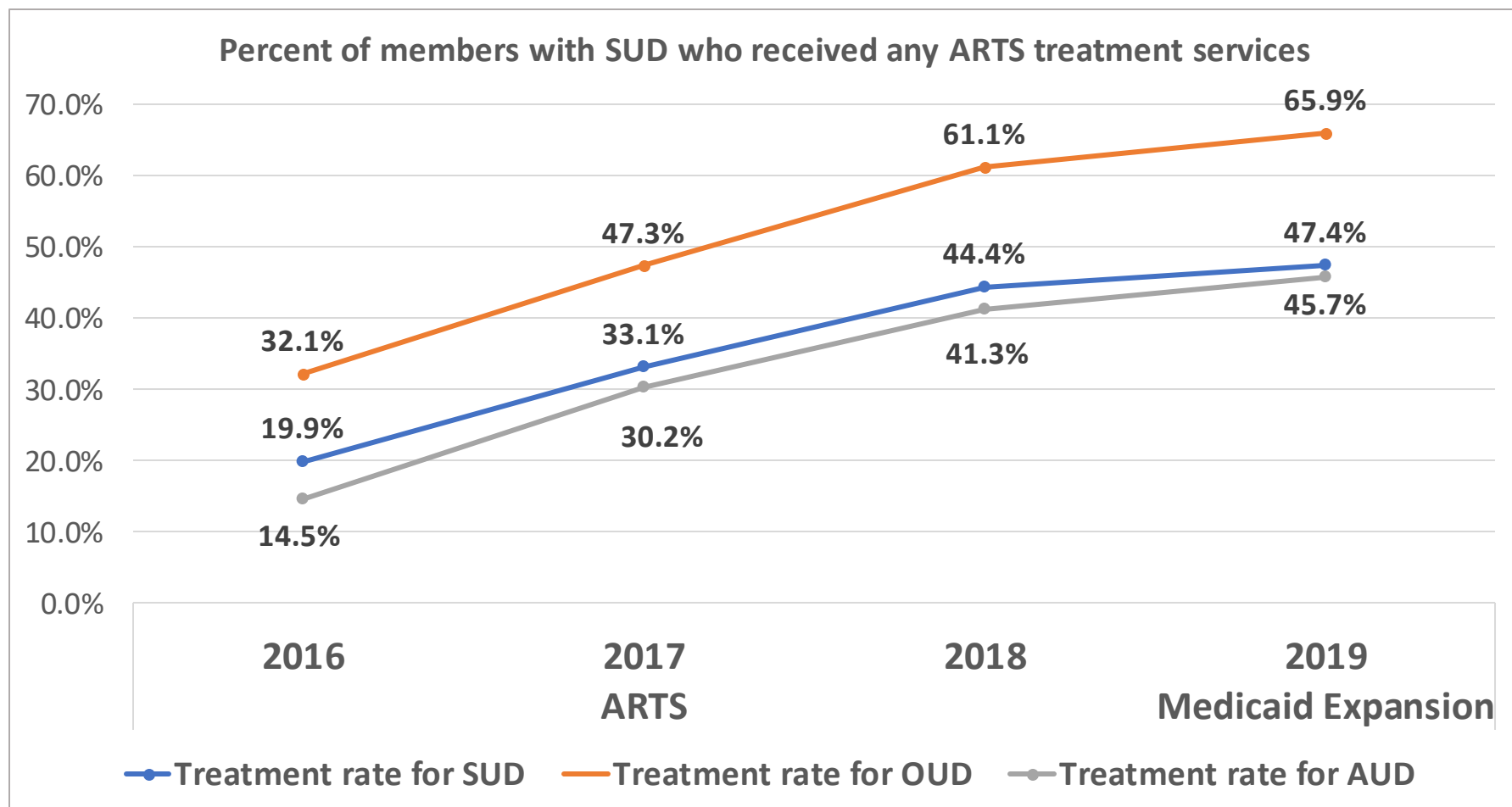


# Utilization of ARTS services and treatment rates

# Number of members who used ARTS Services, 2017-2019

	2017	2018	2019	Percentage change, 2017 to 2019
Members who had any ASAM level of service	17,120	25,923	46,520	172%
ASAM Level 0.5, Early Intervention	498	710	2,288	359%
Office-Based Opioid Treatment/ Outpatient Treatment Providers	630	3,686	9,558	1417%
ASAM Level 1, Outpatient Services	12,208	18,498	34,077	179%
ASAM Level 2, Intensive Outpatient/Partial Hospitalization	1,115	1,807	4,096	267%
ASAM Level 3, Residential/Inpatient Services	388	1,049	3,483	798%
ASAM Level 4, Medically Managed Intensive Inpatient Services	2,350	4,441	9,569	307%
Peer Recovery Support	67	320	775	1057%
Substance Use Case Management	2,483	6,038	13,604	448%
Substance Use Care Coordination at Preferred OBOTs	209	1,024	4,048	1837%

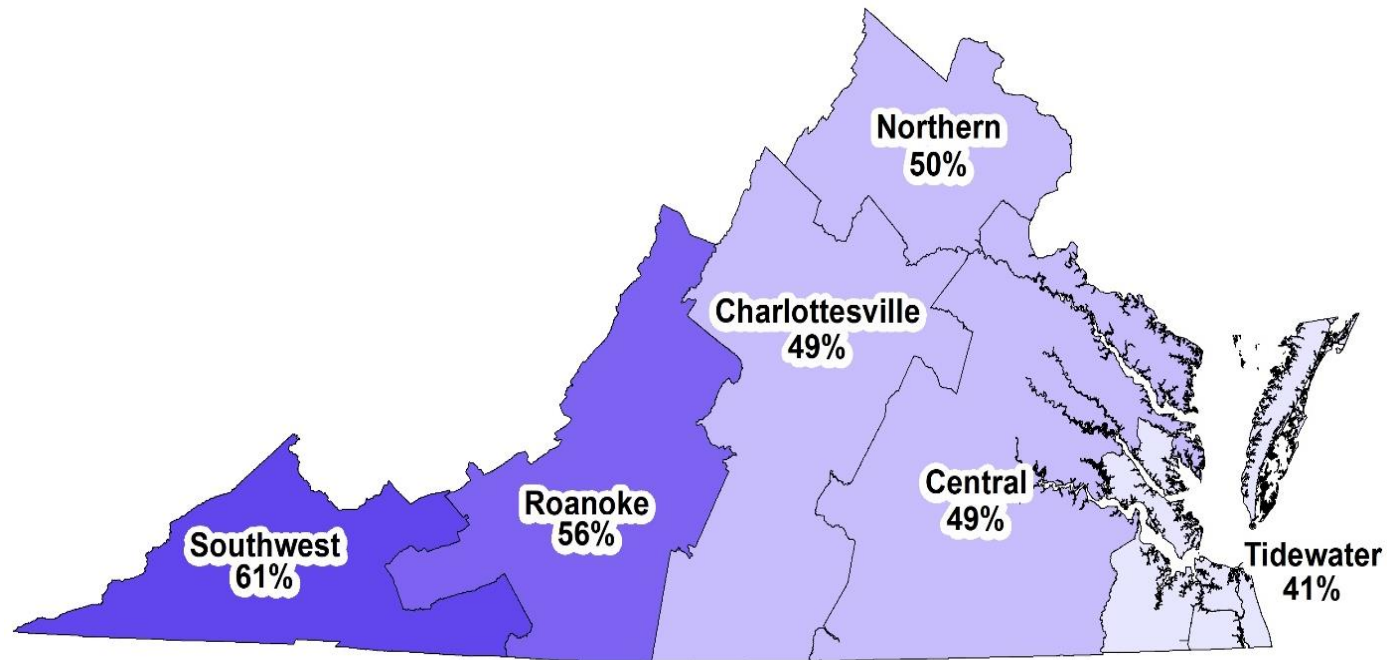
# Changes in treatment rates for base Medicaid members



# SUD and OUD treatment rates, by eligibility group, 2019

	SUD treatment rate <sup>1</sup>	OUD treatment rate <sup>2</sup>
Medicaid expansion	53.4%	72.8%
Nondisabled adults	52.7%	72.8%
Disabled adults	42.7%	57.1%
Governor's Access Plan (GAP)	72.4%	81.6%
Former Foster Care Youth	4.9%	Not reportable

# SUD treatment rates by region, 2019



# Number of members who used MOUD

	2016	2017 (ARTS)	2018	2019 (Medicaid Expansion)	% Change 2016 to 2019
Members who received any MOUD	6,031	8,233	11,806	23,257	286%
Members who received buprenorphine treatment	4,972	6,089	7,212	13,099	163%
Members who received methadone treatment	419	1,325	3,544	7,945	1796%
Members who received naltrexone or other medication treatment	686	968	1,496	3,238	372%

# MOUD treatment for pregnant women with OUD

	2016-2017 (18 months)	2017-2018 (24 months)	2018-2019 (18 months)
<b>MOUD treatment in 12 months prior to delivery</b>			
Percent with any MOUD treatment	52.4%	57.0%	62.1%
Average number of months with any MOUD treatment before delivery	5.0	5.1	5.4
<b>MOUD treatment in 12 months after delivery</b>			
Percent with any MOUD treatment	69.5%	71.0%	74.5%
Average number of months with any MOUD treatment after delivery	5.9	6.4	7.0

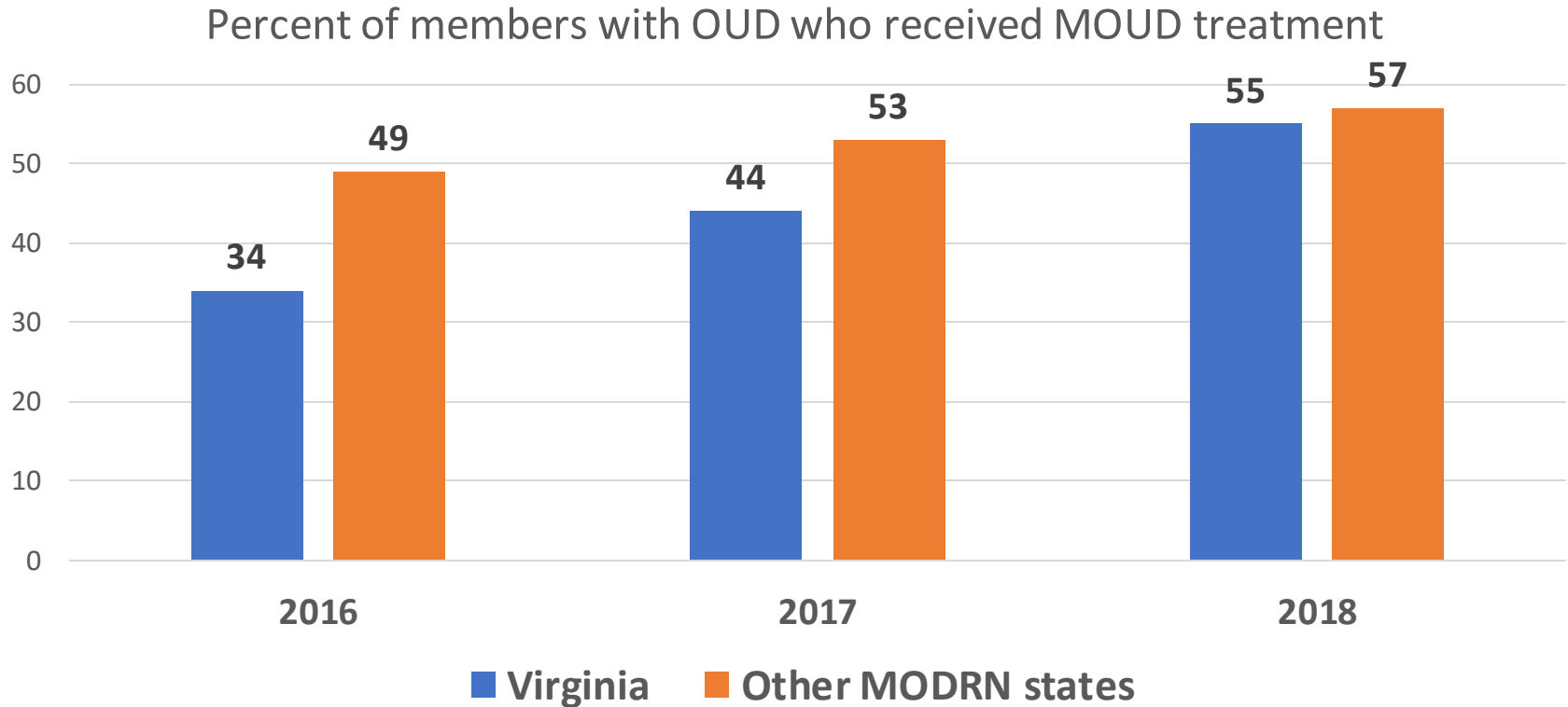
## Comparisons with other states



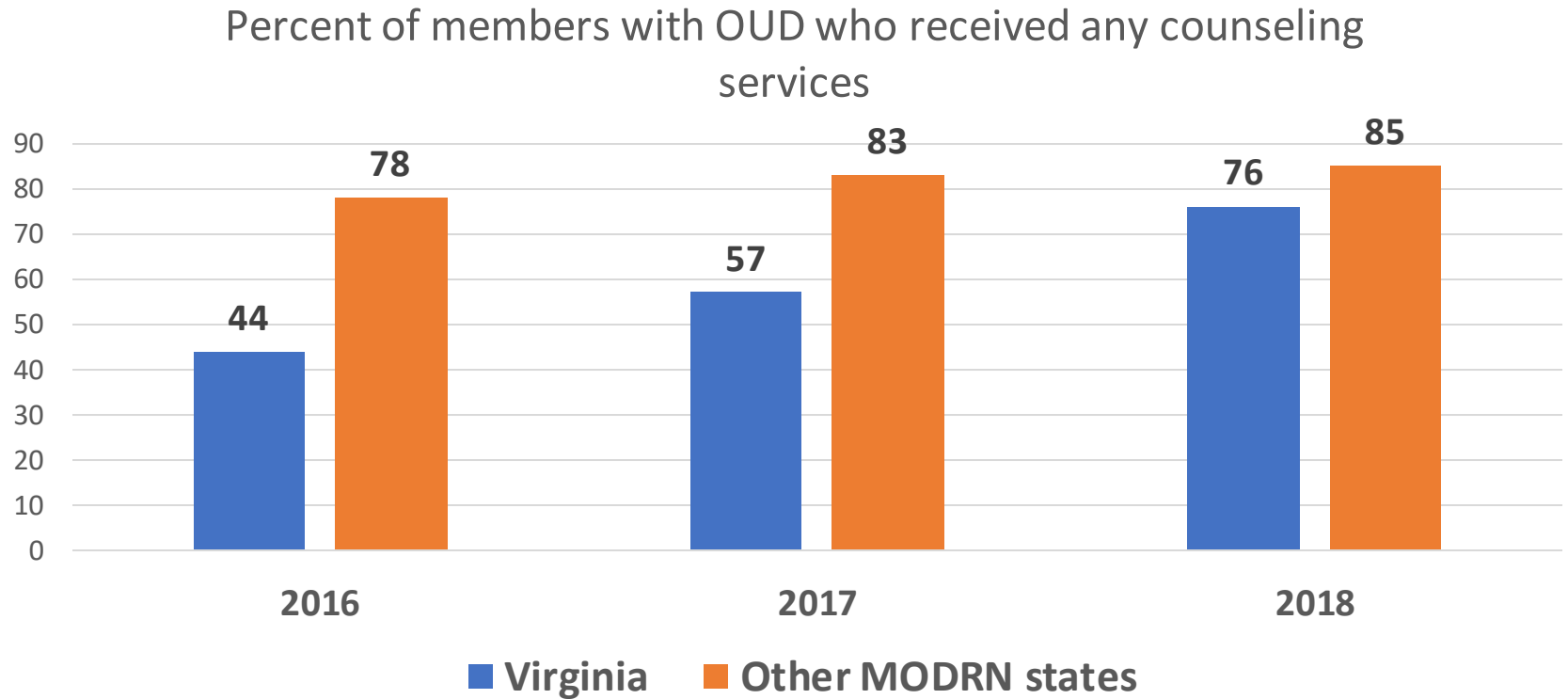
# Medicaid Outcomes Distributed Research Network (MODRN)

- Collaboration of state-university partnerships in 13 states through AcademyHealth (DE, KY, MD, MA, ME, MI, NC, OH, PA, UT, VA, WV, WI).
- Funded by NIDA grant to develop common data model for state Medicaid claims to facilitate cross-state comparisons.
- Permits an assessment of how trends in SUD treatment and utilization in Virginia compares with other states.

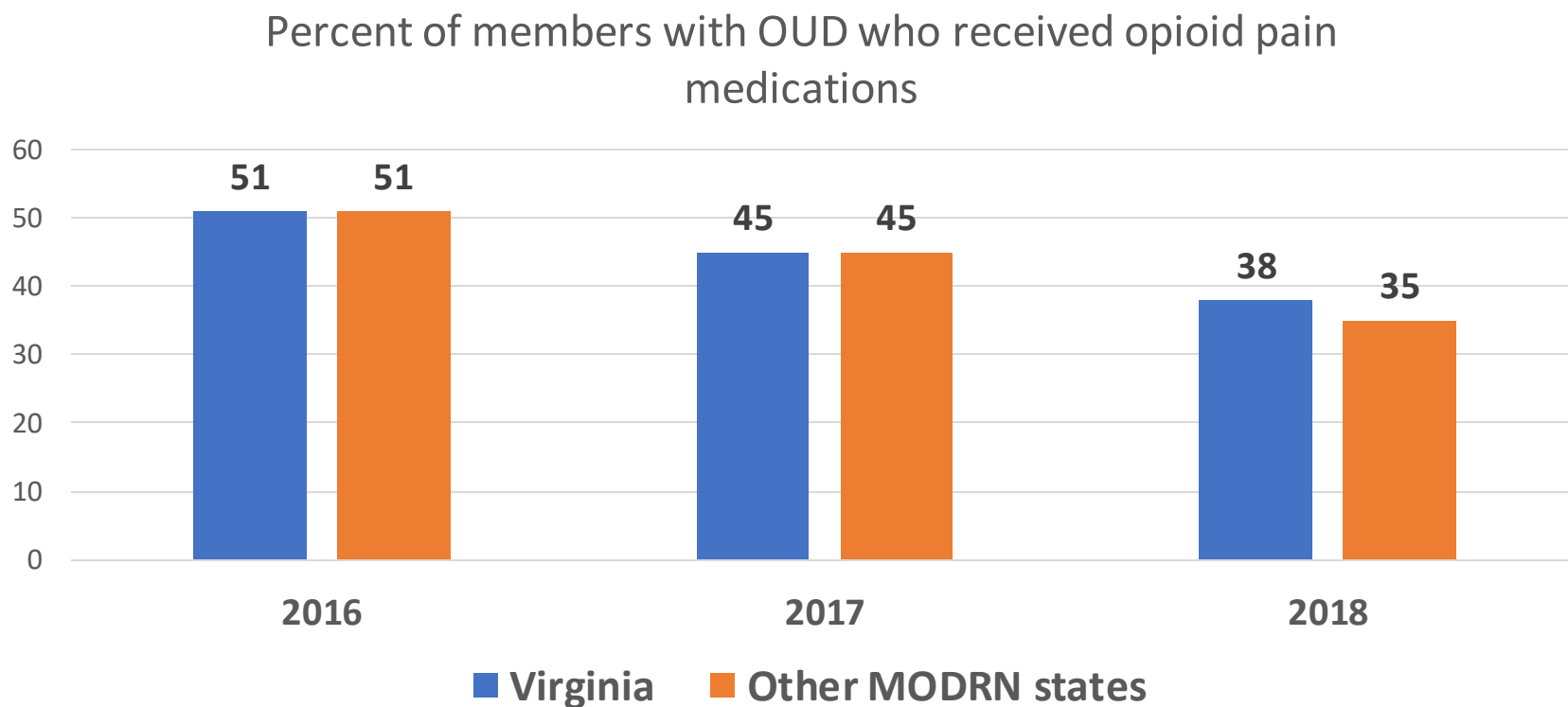
# MOUD treatment rates, 2016-2018



# Use of counseling services for OUD, 2016-18



# Co-prescribing of opioids for members with OUD, 2016-18



# Other notable results from evaluation report

- Continued disparities in SUD treatment rates between White and Black Medicaid members.
  - Blacks less likely to engage with treatment
  - Length of treatment episodes much shorter for Blacks
  - Blacks with OUD somewhat less likely to have MOUD treatment (but more likely to use methadone treatment when they do use MOUD)
- Increase in SUD-related ED visits between 2018 and 2019
- Care transitions after ED visit and stay in residential treatment are improving
- Patient experience with treatment generally positive, but less so for members with co-morbid mental health problems and social needs

# Conclusions

- Strong evidence that ARTS has substantially increased access to and utilization of SUD treatment services.
- Medicaid expansion has dramatically increased the “demand” for ARTS services, and the volume of services provided.
- Evidence of improved quality of treatment services and patient satisfaction with treatment.
- Disparities in treatment by race, region, mental health co-morbidity, social factors
- TBD
  - Impact of ARTS and Medicaid expansion on overdose deaths
  - Consequences of COVID-19?

# Questions and Answers

Please unmute yourself or use the chat  
feature in WebEx  
to submit your questions.

# Website Update



DMAS Home Page:

<https://www.dmas.virginia.gov/#/index>

ARTS Home Page:

<https://www.dmas.virginia.gov/#/arts>

SUPPORT Grant:

<https://www.dmas.virginia.gov/#/artssupport>





# SUPPORT Act Grant Website -

## <https://www.dmas.virginia.gov/#/artssupport>

### SUPPORT Act Grant Overview

The Virginia Department of Medical Assistance Services (DMAS) was awarded the Centers for Medicare & Medicaid Services SUPPORT Act Section 1003 Grant in September 2019. The purpose of this grant is to decrease substance use disorder (SUD) provider workforce barriers and increase the treatment capacity of providers participating under the state Medicaid program to provide SUD treatment or recovery services.

### Grant Goals

- Learn from Addiction and Recovery Treatment Services (ARTS) program
- Decrease barriers to enter workforce
- Focus on specific subpopulations: justice-involved members and pregnant and parenting members
- Maintain our core values: person-centered, strengths-based, recovery-oriented

### Grant Components

- Needs assessment
- Strengths-based assessment
- Activities to increase provider capacity

### Period of Performance

September 2019 - September 2021

### Grant Email

[SUPPORTgrant@dmas.virginia.gov](mailto:SUPPORTgrant@dmas.virginia.gov)

#### Information

- Virginia Medicaid Agency Awarded Federal Grant to Combat Opioid Crisis [pdf]
- Summary of Virginia's SUPPORT Act Goals and Activities [pdf]
- Accessibility Notice [pdf]

#### Resources

- UCSF National Clinician Consultation Center Warmline [pdf]
- COVID-19 Resource Library [pdf]

#### Monthly Stakeholder Meetings

- October 2020 [pdf]
- September 2020 [pdf]
- August 2020 [pdf]
- July 2020 [pdf]
- June 2020 [pdf]
- May 2020 [pdf]
- April 2020 [pdf]
- March 2020 [pdf]

#### Fall 2020 Webinars

- Video: How to Set Up a Preferred OBOT Webinar
- Slide Deck: How to Set Up a Preferred OBOT Webinar [pdf]
- Video: Hepatitis C Treatment Webinar
- Slide Deck: Hepatitis C Treatment Webinar [pdf]
- Fall 2020 Webinar Schedule [pdf]

#### SUPPORT 101 Webinars

- Session Twenty: "Novel" Substances [pdf]
- Session Nineteen: SUD & LGBTQ+ Clients [pdf]
- Session Eighteen: SUD & Legally-Involved Clients [pdf]
- Session Seventeen: Alcohol & Cannabis [pdf]
- Session Sixteen: SUD and The Family [pdf]
- Session Fifteen: SUD & Cultural Humility [pdf]
- Session Fourteen: Addressing SUD Stigma and Building Provider Empathy [pdf]
- Session Thirteen: Group Therapy Skills [pdf]
- Session Twelve: Individual Therapy Skills [pdf]
- Session Eleven: Co-Occurring Disorders [pdf]
- Session Ten: Screening and Assessment for SUD [pdf]
- Session Nine: SUD Treatment Introduction [pdf]
- Session Eight: Opioids and Stimulants Overview [pdf]
- Session Seven: Substance Use Disorders (SUD) Overview [pdf]
- Session Six: Providing Trauma-Informed Care [pdf]
- Session Five: Withdrawal Syndromes [pdf]
- Session Four: Crisis and Deescalation [pdf]
- Session Three: Suicide Assessment and Screening [pdf]
- Session Two: Client Engagement [pdf]
- Session One: Tele-Behavioral Health in the time of COVID-19 [pdf]
- Dr. Mishka Terplan - Pregnant and Postpartum Care for SUD during COVID-19 [pdf]
- Dr. Mishka Terplan - HIV and HCV Updates [pdf]
- Dr. Mishka Terplan - Chronic Pain and Addiction Treatment [pdf]

# Want a copy of today's slides?

Stakeholder meeting slides will be posted on the SUPPORT Act Grant Website: <https://www.dmas.virginia.gov/#/artssupport>

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- Session Eighteen: SUD & Legally-Involved Clients [pdf]
- Session Seventeen: Alcohol & Cannabis [pdf]
- Session Sixteen: SUD and The Family [pdf]
- Session Fifteen: SUD & Cultural Humility [pdf]
- Session Fourteen: Addressing SUD Stigma and Building Provider Empathy [pdf]
- Session Thirteen: Group Therapy Skills [pdf]
- Session Twelve: Individual Therapy Skills [pdf]
- Session Eleven: Co-Occurring Disorders [pdf]
- Session Ten: Screening and Assessment for SUD [pdf]
- Session Nine: SUD Treatment Introduction [pdf]
- Session Eight: Opioids and Stimulants Overview [pdf]
- Session Seven: Substance Use Disorders (SUD) Overview [pdf]
- Session Six: Providing Trauma-Informed Care [pdf]
- Session Five: Withdrawal Syndromes [pdf]
- Session Four: Crisis and Deescalation [pdf]
- Session Three: Suicide Assessment and Screening [pdf]
- Session Two: Client Engagement [pdf]
- Session One: Tele-Behavioral Health in the time of COVID-19 [pdf]
- Dr. Mishka Terplan - Pregnant and Postpartum Care for SUD during COVID-19 [pdf]
- Dr. Mishka Terplan - HIV and HCV Updates [pdf]
- Dr. Mishka Terplan - Chronic Pain and Addiction Treatment [pdf]

# Addiction and Recovery Treatment Services (ARTS) Contacts

## **ARTS Questions:**

- ARTS Helpline number: [804-593-2453](tel:804-593-2453)
- Email: [SUD@dmas.Virginia.gov](mailto:SUD@dmas.Virginia.gov)
- Website: <http://www.dmas.virginia.gov/#/arts>

## **SUPPORT Act Grant Questions:**

- [SUPPORTgrant@dmas.virginia.gov](mailto:SUPPORTgrant@dmas.virginia.gov)

## **ARTS Treatment Questions:**

- SUD Behavioral Health: Paul Brasler
  - [Paul.Brasler@dmas.Virginia.gov](mailto:Paul.Brasler@dmas.Virginia.gov)
  - 804.401.5241
- Addiction Medicine: SUPPORT Team
  - [SUPPORTgrant@dmas.Virginia.gov](mailto:SUPPORTgrant@dmas.Virginia.gov)

# Thank you for calling in!

**Your participation in the Monthly Stakeholder meetings is vital to the success of the SUPPORT Act Grant in Virginia.**

## Next Meeting

Monday, February 8, 2021

10:00 AM – 12:00 PM